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Country programme recommendation**

Indonesia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Indonesia for the period 2001 to 2005 in the amount of $25,442,000 from regular resources, subject to the availability of funds, and $83,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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The situation of children and women

1. The major features of the situation of children and women in Indonesia are unchanged from those described in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.11).

2. Seven trends continue to influence the situation of children and women in Indonesia. These are: (a) declining government budget allocations for health and education for three consecutive years; (b) positive, moderate prospects for economic growth; (c) a growing recognition of the situation of vulnerable and marginalized children; (d) polarization of the reform movement and strong demands for regional autonomy; (e) economic adjustment and reforms; (f) continuing democratization; and (g) religious, ethnic and nationalist conflict.

Programme cooperation, 1995-2000

3. The past country programme of cooperation comprised 3 programmes and 14 projects, implemented in 9 provinces. The objectives of the country programme were to support achievement of the Government of Indonesia's human development goals, which incorporated the World Summit for Children goals. Priority was given to reducing maternal mortality, child malnutrition and micronutrient deficiencies, and increasing the coverage of clean water and sanitation.

4. The three programmes were structured to address service delivery, advocacy and social mobilization, and capacity-building. The service delivery programme comprised key sub-component projects for maternal and child health (MCH), the control of diarrhoeal diseases (CDD), the expanded programme on immunization, food fortification, and water and environmental sanitation. The advocacy programme involved monitoring the goals of the World Summit and advocacy at national levels, social research and child protection initiatives. The capacity-building programme emphasized problem analysis and planning from the village to the district level.

5. During the mid-term review (MTR) in 1998, three major evaluations were conducted. The evaluation of the Safe Motherhood Initiative revealed that although it was conceived as an integrated whole, the Initiative was planned, delivered and budgeted on the basis of too many discrete sub-component projects. The second evaluation examined efforts to strengthen the bottom-up planning process of the Government. The main achievement was improved intersectoral coordination in planning and local innovations that leveraged regional funds for maternal and child survival, development and protection. These intensive efforts did not improve the complex and lengthy bottom-up planning process, and UNICEF-assisted mechanisms operated in parallel. The third evaluation assessed the teacher-training programme and media campaign to increase the demand for iodized salt. It concluded that they had limited impact, and confirmed that supply-side efforts to iodize salt and limit the marketing of raw salt are more effective strategies.

6. On the basis of the MTR, and in response to the economic crisis that engulfed the region in late 1997, the Government, UNICEF and civil society partners realigned the country programme into four crisis response programmes: community self-help for MCH, CDD, and water and sanitation; revitalization of the integrated village services post (*Posyandu*), with a complementary feeding initiative; and basic education for all.

7. Major achievements of the country programme that had a national impact and contributed towards achieving the World Summit goals included: national polio campaigns which resulted in the immunization of over 23 million children under five years of age; establishment of child protection bodies in four provinces; a media campaign, in collaboration with the Government, the World Bank and the Asian Development Bank (AsDB), which contributed to sustaining primary and junior secondary school enrolment at pre-crisis levels; and universal fortification of wheat flour with iron and zinc. Considerable progress was made towards achieving universal access to iodized salt.

8. In five provinces, in over 3,000 villages, women have been able to access community funds for safe delivery, and village midwives and staff of community health centres have been supported to improve their emergency care practices and strengthen the referral process. The prevalence of malnutrition among

children below the age of five years is unchanged from 1995, and analysis shows that the percentage of children suffering from malnutrition triples between birth and two years of age. In order to address this disturbing trend, intensive efforts were made to revitalize the network of *Posyandu*. Over 13,000 village service providers from 11,000 *Posyandu* in seven provinces underwent a training programme that emphasized improved communication with mothers. In addition, 270,000 infants were provided with fortified complementary food, sparing an estimated 27,000 infants from worsening malnutrition. In water and sanitation, UNICEF-supported efforts to implement village sanitation weeks in seven provinces enabled over 250,000 households to have access to clean water and sanitary latrines. This contributed to increasing the national coverage of clean water and sanitation from 71 and 56 per cent, respectively, in 1996 to 77 and 61 per cent, respectively, in 1999. Despite these efforts, current data show that by the end of 2000, many targets will not be achieved. They include those for reducing maternal mortality and malnutrition, increasing literacy, completing primary education and increasing the coverage of clean water and sanitation.

Lessons learned from past cooperation

9. The major lessons learned during the current programme cycle are the same as those described in the country note presented to the Executive Board at its first regular session of 2000.

Country programme preparation process

10. In February 1999, the National Development Planning Agency and UNICEF agreed to develop jointly a new country programme for 2001 to 2005. The process was initiated in April 1999, with the situation analysis exercises using a life cycle approach. Civil society groups, religious organizations, academic institutions, media and government departments were all involved. The strategy paper was drafted for presentation at a national meeting in August 1999. The country strategy addresses the sweeping political and socio-economic changes that have occurred in recent years. The strategy meeting was characterized by an unprecedented level of candour about the emerging political, social and economic liberalization, and the emerging opportunities and threats for women and children.

11. The major political parties represented in the National Parliament, the Government and the Cabinet were consulted during the country strategy development process. The new Government has endorsed the country strategy for children and women, incorporating key aspects into the Guidelines for State Policy. A working draft of the master plan of operations (MPO) has been developed and shared widely with government departments, local governments and civil society partners. After a series of district- and national-level consultations, the MPO was finalized.

12. United Nations agencies have managed to harmonize a planning cycle, but a Common Country Assessment (CCA) has been delayed. The United Nations resident coordinator recently initiated discussions to develop a CCA and a United Nations Development Assistance Framework, and UNICEF is an active partner. No environmental assessments were conducted during the country programming process.

Country programme goal and objectives

13. The goal of the Government of Indonesia-UNICEF country programme of cooperation for 2001-2005 is to contribute to the realization of the rights of children and women and the maximization of their potential for development. The country programme has five broad objectives, and each is linked to the priority problems of children and women identified in the situation analysis and to the five programmes proposed in the present recommendation.

14. The first objective is to improve home- and service-based caring practices for children and women. Interventions will strengthen home and community support systems and improve the quality of essential basic services to promote the survival, growth, development and protection of children and women. The second objective is to ensure access to and completion of a quality basic education for school-aged children. Reducing gender, ethnic and geographic disparities will receive special attention, with success being revealed in subnational disaggregated data. The third objective is to provide increased social and legal

Recommended programme cooperation, 2001-2005

Regular resources: $25,442,000
Other resources: $83,000,000

Recommended programme cooperation[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Maternal and early child care	8 500	45 000	53 500
Basic education for all	4 250	14 000	18 250
Children in need of special protection	3 000	16 000	19 000
Policy development and advocacy	5 900	8 000	13 900
Emergency support	1 250	–	1 250
Cross-sectoral costs	2 542	–	2 542
Total	**25 442**	**83 000**	**108 442**

[a] The breakdown of estimated yearly expenditure is given in table 3.

protection for children against all forms of discrimination, violence, exploitation, abuse and neglect. The fourth objective is to undertake data-driven advocacy to promote policies and programmes that contribute towards realizing the rights of children and women. Intensive advocacy efforts will result in new or revised policies, laws and programmes that increase the allocation of resources for children and women, and fill key gaps in national and regional legal and policy frameworks. The fifth objective is to contribute to the realization of children's and women's rights in emergency situations. Technical and material support will promote emergency preparedness and immediate response.

15. At this stage, the Government has not finalized national development targets. These will be expressed in the National Development Programme and National Sector Strategic Plans that will be completed by December 2000. Specific targets for the country programme objectives and key indicators described above will also be influenced by those established at the World Summit for Children.

Relation to national and international priorities

16. The country programme goal and objectives will contribute towards the achievement of the Government's priorities established in the broad Guidelines for State Policy, which recognize two key challenges: the need to address the subordinate roles of women in society and to ensure that adolescents are enabled to nurture their creativity and contribute to society. On the basis of the Guidelines, a National Development Programme and detailed sector plans will be prepared by September. These will address the priority unmet goals of the World Summit for Children, and the Concluding Observations of the United Nations Committee on the Rights of the Child, including promotion the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

17. The country programme will contribute to four national policy priorities that each resonate with the priority actions for children. These are: (a) developing a legal framework that respects children's and women's rights, applies the principles of equality, and prevents

discrimination, violence and arbitrary uses of power; (b) enhancing the professionalism of service providers, especially at the primary level; (c) strengthening actions for handicapped, poor and neglected children; and (d) improving human resources through early interventions for young children, making greater investments in higher quality basic education, and increasing opportunities for adolescents to develop their potential in a supportive and protected environment.

Programme strategy

18. The country note outlined a strategy that will focus on families and communities as the primary guardians of children and women. The strategy will empower them to make informed decisions in areas such as preventive and curative health, education, psychosocial stimulation, and protection from abuse and exploitation. Within the family, the obligations of men as active partners and care providers, and the recognition of the special protection needs of especially vulnerable children and women are paramount. While families and communities will be at the forefront, the strategy will take advantage of the new laws on local governance and fiscal decentralization to address the need for accessible, quality services delivered by accountable service providers. In line with the shift from an authoritarian and centralized system to a democratic and decentralized one, advocacy initiatives will focus on national and regional lawmakers to leverage development budgets for children and women.

19. Since the development of the country note, the strategy has been adapted to include women's empowerment. Family empowerment depends on the empowerment of women. Reducing maternal deaths, improving adolescent reproductive health, introducing better caring practices for young children, and enhancing the status of women require caring practices from families and service providers that acknowledge the rights of girl children, female adolescents and women. Girls and female adolescents will be the priority focus of UNICEF and partners.

20. The MPO addresses three important comments raised by the Executive Board during its review of the country note. First, the programme components have been designed using concrete but flexible logical frameworks that describe the priority outputs, indicators for measurement, and how they contribute to broader developmental goals while still enabling local innovations to address area-specific problems. These frameworks will help communicate the expected results of the country programme to potential donors, and enable UNICEF and collaborating partners to better manage expectations and improve public accountability.

21. Second, greater collaboration with other multilateral and bilateral agencies, as well as efforts to promote sector-wide approaches are a priority. UNICEF and Australian Aid are seeking to cooperate jointly in developing baseline surveys in selected provinces; collaborative efforts with AsDB to test mechanisms for early childhood assessment are proceeding; and greater collaboration with the World Bank, AsDB and the World Health Organization (WHO) is sought for a joint health sector reform effort through the Partners for Health initiative.

22. Third, reducing maternal deaths, and child deaths due to respiratory infections and preventable childhood diseases, remains a core focus for the new country programme. The integrated nature of problems at the community level, where UNICEF seeks to promote the survival, growth, development and protection of children and women, requires an integrated set of interventions to promote improved family caring practices. These interventions are incorporated into a single programme for maternal and early childhood care, which aims to: strengthen community support and resource mobilization systems; increase demand for a package of essential basic health, nutrition, hygiene and sanitation, and early childhood services; and improve the quality of these services and the responsiveness of front-line service providers.

23. To emphasize continuity with the crisis response programme, the country programme will maintain programme support to the existing eight provinces (West Java, Central Java, East Java, South Sulawesi, West Nusa Tenggara, East Nusa Tenggara, the Moluccas and West Papua). This will enable UNICEF to capitalize on the relationships established with local governments at provincial and district levels, and draw on the experiences of intersectoral teams for child survival and development (CSD). It reduces the administrative and programme orientation costs of moving to new provinces and establishing, equipping and staffing field offices, and it continues efforts to leverage government resources in the populous

provinces of Java where 30 per cent of Indonesia's poor reside. It is expected that this will have a corresponding impact on achievement of the unmet World Summit goals.

24. To select the districts and municipalities for intensive programme implementation, it is accepted that the Government and UNICEF need more modest programme ambitions in fewer districts and more vigorous efforts to demonstrate results and leverage that success for broader policy and programme change. Forty districts and municipalities have been selected for intensive programme implementation.

25. Five programmes have been identified for Government of Indonesia-UNICEF cooperation: maternal and early childhood care; basic education for all; children in need of special protection; policy development and advocacy; and emergency support. The first three programmes will focus primarily on achieving key programme outputs in 40 districts and municipalities, while also enabling these districts and municipalities to adapt activities to match their priority problems, technical and budget constraints. As the core programme, maternal and early childhood care will support capacity-building efforts and programme management activities at district and municipal levels.

26. The maternal and early childhood care, basic education for all and children in need of special protection programmes will also undertake technical advocacy at the national level. They will address issues such as food fortification, salt iodization, universal child immunization (UCI), HIV/AIDS, capacity-building of national and provincial child protection bodies, and social sector reform. The policy development and advocacy programme, in conjunction with the three above-mentioned programmes, will promote the adoption of successful district initiatives by central Government and other donors for going to scale. The policy development and advocacy programme will also advocate for legal, policy and programme action to address problems and issues that require a national stage.

27. In order to ensure that the limited resources of UNICEF remain focused on achieving the key programme outputs, only one project will be supported under each programme. This will minimize the risk of programme drift and the proliferation of activities at the regional level, reduce administrative burdens and costs, and maximize the flexibility of the country programme to respond to area-specific problems and needs.

28. UNICEF support for the five programmes will involve cash and supply assistance for strategic pilot initiatives at the village level, combined with advocacy to promote successful initiatives for policy and programme change at provincial and national levels. The major types of assistance will involve training, model development, advocacy, assessment and evaluation. Some pilot initiatives under the maternal and early childhood care and basic education for all programmes will require the procurement of supplies such as fortified complementary foods and de-worming tablets, pre-school toys and learning materials. In the 40 participating districts and municipalities, regular resources will be used to achieve the core programme outputs in a limited number of subdistricts. Programme coverage will increase with commitments of national and district development budgets and other resources raised from public and private sector donors.

29. The *maternal and early childhood care* programme seeks to improve home- and service-based caring practices for children and women. Community support systems will be strengthened to improve these caring practices and increase the demand for health, nutrition, sanitation and early childhood services. Continued emphasis will be placed on efforts to revitalize the system of integrated *Posyanda*. These will become a major channel for mobilizing family and community resources, supporting home visits by service providers, and promoting key caring practices and behaviours. These include: management of childhood illness, especially acute respiratory infections, diarrhoea and malaria; full immunization; antenatal care, safe delivery and referral; breastfeeding and complementary feeding with micronutrient fortified foods for children below the age of two years; micronutrient supplementation; psychosocial, cognitive and language development for young children; and family hygiene behaviours. On the supply side, the programme will improve the coverage and quality of basic services, and increase the responsiveness and accountability of service providers.

30. The *basic education for all* programme will increase access to and completion of good quality basic education for all children. The programme will address many of the underlying and structural causes of problems that conspire to prevent access to education and decrease the overall quality of basic education.

These include: child readiness for formal education; high repetition and drop-out rates; the learning performance of children; the management of school resources; and the role of the parent-teacher association. The programme will also address life skills and functional literacy for adolescents outside the formal system. Key outputs of the programme will be increased enrolment and completion; greater community ownership of schools; improved quality of teaching and learning; development of a model for child-friendly schools and school-based management; and effective learning models for life skills education, with a focus on girls and female adolescents.

31. The *children in need of special protection* programme will increase social and legal protection for children against all forms of discrimination, violence, exploitation, abuse and neglect. The programme is multisectoral and focuses on marginalized children and their families in urban and rural areas. Particular attention will be paid to the girl child. The programme will focus on commercial sexual exploitation, the sale and trafficking of children, child abuse, street children, birth registration and juvenile justice. It will also strengthen the capacity of the national and provincial child protection bodies and support ongoing legal reform and enforcement for child protection. Key outputs will be the removal of children from hazardous labour and increasing their access to basic services; establishment of community and health systems for reporting child abuse; establishment of child protection bodies in eight provinces; and the development, revision and enforcement of laws to address child protection issues. Programme activities will be implemented in selected districts and municipalities as well as in other geographic areas of critical concern for child protection.

32. The goal of the *policy development and advocacy* programme is to monitor and advocate for the realization of children's and women's rights. Advocacy initiatives will promote the development of laws, policies and programmes to address the unmet World Summit for Children goals and State obligations of the Convention on the Rights of the Child. Some of these will include promoting birth registration, increasing access to basic services for the poorest and marginalized children, raising the legal age of marriage for girls to that of boys, and making health services more accessible and oriented towards the needs of adolescents. In keeping with the new decentralization and fiscal balance laws, advocacy will also occur at the subnational level, with particular emphasis on the district and the allocation of district budgets for basic services. The programme will develop partnerships with members of Parliament, political parties, national and local governments, non-governmental organizations (NGOs), United Nations agencies, and multilateral and bilateral donors to secure commitment and funding. The programme will also monitor all five components against stated objectives; track achievement of the World Summit goals; and coordinate studies and evaluations, including baseline surveys and an MTR in September 2003.

33. The goal of the *emergency support* programme is to contribute to the realization of children's and women's rights in emergency situations. The programme will support selected emergency preparedness and response initiatives of the Government and collaborating partners. Key outputs will include the establishment of emergency information systems and procedures; and the timely delivery of a minimum package of support such as complementary food for infants, clean water and latrine facilities, oral rehydration salts, immunization, and the re-establishment of schools and psychosocial responses. Support to improve emergency preparedness systems and procedures, and to deliver emergency assistance, will be handled first with existing resources before additional resources are raised through appeals. The emergency support programme has a separate budget line, but will be managed as an integral component of the other programmes. As such, the maternal and early childhood care, basic education for all and children in need of special protection programmes will each allocate a budget for a core set of emergency response activities.

34. Support for *cross-sectoral costs* represents 10 per cent of the regular resources budget and will address general information technology, communication, training and logistical support needs.

Monitoring and evaluation

35. In order to better specify the actual outputs expected from the country programme and how these contribute to the goals described in the Guidelines for State Policy and National Development Programme, the programmes have been developed using logical frameworks, which will be a major input into the

Integrated Monitoring and Evaluation Plan (IMEP). Implemented with the Central Bureau of Statistics, provincial and district partners, research institutions and NGOs, the IMEP will improve the measurement of results and management decision-making, and provide an independent source of policy information.

Collaboration with partners

36. Collaboration with WHO under the maternal and early childhood care programme will continue to support the Integrated Management of Childhood Illness initiative and UCI. The Partners for Health initiative with the World Bank, AsDB and WHO will pursue health sector reform and policies related to health services decentralization. Ongoing collaboration with AsDB and the World Bank in early childhood care and development will also continue. Existing agreements with religious organizations such as Muhammidiyah, NU and Perdhaki are central feature of the new country programme, and universities, research institutes, the media and private sector partners are expected to figure prominently. The potential for working with NGOs at provincial and district levels will be tapped, and working relationships will be developed and sustained.

37. The substantial bilateral cooperation that took place during the past two years needs to be sustained. It included a joint basic education project with the United Nations Educational, Scientific and Cultural Organization; efforts with WHO, the World Bank and the United Nations Population Fund to assess the impact of the crisis on health; emergency response efforts with the World Food Programme, the World Bank, the Food and Agriculture Organization of the United Nations, the United Nations Development Programme (UNDP) and the Office of the Coordinator for Humanitarian Appeals to deliver food aid; and cooperation with UNDP and the World Bank to promote greater NGO support to local communities.

Programme management

38. At the time of preparation of this recommendation, restructuring at the ministry level was incomplete and decentralization laws had not yet become operational. Despite this uncertainty, however, coordination of the country programme at the national level will likely remain with the National Development Planning Agency. Key partners at the national level will include the Department of Home Affairs, the Ministry for Regional Autonomy, the Coordinating Ministry for Community Welfare and Poverty Alleviation, and the Ministries for Health and Education. It is expected that the National Child Protection Agency and National Committee for implementation of the Convention on the Rights of the Child will play enhanced roles. At provincial and district levels, the country programme will be managed by established teams for CSD.

39. Within UNICEF, responsibility for project implementation will shift to the subnational level. Advanced technical knowledge and advocacy skills are needed in the Jakarta office to pursue national policy advocacy, while project management skills and experience are essential in the seven sub-offices that will manage the bulk of programme resources.

TABLE 1 BASIC STATISTICS ON CHILDREN AND WOMEN

Indonesia	(1998 and earlier years)		UNICEF country classification
Under five mortality rate	54	(1998)	Middle U5MR
Infant mortality rate	40	(1998)	Middle IMR
GNP per capita	$ 680	(1998)	Low GNP
Total population	206.3 million	(1998)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1998
Births	(thousands)	4883	5131	4776	4813
Infant deaths (under 1)	(thousands)	769	487	259	197
Under five deaths	(thousands)	842	541	474	261
Under five mortality rate (per 1,000 live births)		172	105	99	54
Infant mortality rate (under 1) (per 1,000 live births)		104	73	54	41

		About 1980	Most recent
Underweight (children under 5):	Moderate & severe	40	34
(% weight for age, 1987/1995)	Severe		7
Babies with low birth weight (%, 1980/1998)		14	9
Primary school children reaching grade 5 (%, 1985/1997)		81	91*

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1987/1997)	39	52
Timely complementary feeding rate (4-9 mos.) (%, 1987/1994)	82	80
Continued breast-feeding rate (20-23 mos.) (%, 1987/1997)	63	69
Prevalence of wasting (0-59 mos.) (%, 1995)		13
Prevalence of stunting (0-59 mos.) (%, 1995)		42
Vitamin A supplementation coverage (6-59 mos.) (%, 1997)		55
Household consuming iodized salt (%, 1998)		64

HEALTH INDICATORS	About 1980	Most recent
CPR use rate (%, 1997)		57
Routine EPI vaccines financed by government (%, 1998)		100
Access to safe water (% of population, 1980/1999)	Total 42 Urban/rural 59 / 37	77 92 / 68
Access to adequate sanitation (% of population, 1980/1999)	Total 52 Urban/rural 77 / 44	63 77 / 51
Births attended by trained personnel (%, 1998)		59
Maternal mortality rate (per 100,000 live births, 1980-1998)		450

Immunization		1980	1985	1990	1998
One year old (%) immunized against	Tuberculosis	33	69	94	85
	DPT	1	26	87	64
	Polio	1	24	91	74
	Measles		47		72
Pregnant women (%) immunized against	Tetanus	10	26	54	53

* EFA 2000 database

TABLE 1 (continued)

Indonesia

EDUCATION INDICATORS		About 1985	Most recent
Primary enrollment ratio (gross/net) (*. 1985/1987)	Total	107 / 89	114*/ 94**
	Male	115 / 93	117*/ 94**
	Female	100 / 85	110*/ 94**
Secondary enrollment ratio (gross/net) (*. 1985/1986)	Total	39 /	56 /
	Male	35 /	/
	Female	23 /	/
Adult literacy rate: 15 years & older (*. 1985/1990)	Total	74	84*
	Male/female	83 / 66	/
Radio/television sets (per 1,000 population, last/1990)		128 / 38	153 / 47

DEMOGRAPHIC INDICATORS		1970	1985	1990	1995	2000
Total population	(thousands)	120291	163458	182452	206136	212107
Population aged 0-14 years	(thousands)	58102	71875	77642	77828	77744
Population aged 0-5 years	(thousands)	19401	22374	22213	21967	21972
Urban population (% of total)		17.0	22.3	31.0	38.4	42.0
Life expectancy at birth (years)	Total	48	55	61	63	66
	Male	47	53	63	64	64
	Female	49	56	63	67	69
Total fertility rate		5.3	4.4	3.1	2.5	2.4
Crude birth rate (per 1,000 population)		40	34	26	22	22
Crude death rate (per 1,000 population)		18	13	8	--	7

		About 1985	Most recent
Contraceptive prevalence rate (*. 1987/1990)		44	50
Population annual growth rate (*. 1970-1985/1985-1990 /)	Total	2.1	2.1
	Urban	5.1	3.6

ECONOMIC INDICATORS		About 1985	Most recent
GDP per capita annual growth rate (*. 1965-1985/1990-1994)		5.2	4.9
Inflation rate (*. 1965-1985/1990-1994)		34	9
Population below $1 a day (*. 1990)			15
Household income share (*. 1987/1990)	Top 20%/bottom 40%	41 / 21	43 / 20
Government expenditure (% of total expenditure 1986/1990)	Health/education	2 / 10	3 / 9
	Defence	9	8
Household expenditure (% share of total, 1980 or 1985)	Health/education	2 / 4	/
Official development assistance (1985/1990)	$US millions	976	1258
	As % of GNP	1	0
Debt service (% of goods and services exports, 1980/1987)		11	29

* EPA 2000 database
**DHS 1997.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1995-2000 a/

COUNTRY INDONESIA
LATEST BOARD APPROVAL 1995
GENERAL RESOURCES $72,000,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health	1,773	8,446	831	1,229	1,571	360	2,721	3,994	6,896	16,410	14,029	33,807	20,925	50,217
Household food security and nutrition	191	4,325	306	621	1,942	273	2,338	2,009	4,777	8,985	7,228	5,490	12,005	14,475
Water supply and sanitation	489	201	650	354	1,442	52	3,325	2,447	5,906	10,300	3,054	12,250	8,960	22,550
Community organization and development	347	660	1,832	1,677	5,444	1,524	4,507	2,457	12,130	20,275	6,318	12,550	18,448	32,825
Women and children in especially difficult circumstances	13	30	187	182	476	207	492	533	1,168	2,220	952	1,870	2,120	4,090
Social mobilization and advocacy	69	4	487	222	1,279	57	2,189	755	4,024	5,960	1,038	5,400	5,062	11,360
Planning and social statistics	40		494		900		1,291		2,725	4,490			2,725	4,490
Programme support	568		7		1,683		888		3,146	3,360			3,146	3,360
Emergency	173	508	73	115	104	284	67	380	417		1,287		1,704	
GRAND TOTAL	3,663	14,174	4,867	4,400	14,841	2,757	17,818	12,575	41,189	72,000	33,906	71,367	75,095	143,367

RR = Regular resources
OR = Other resources
a/ Actual expenditure includes expenditure recorded as of 31 May 2000
b/ Actual GR expenditure includes allocations from global funds

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: INDONESIA
PROGRAMME CYCLE : 2001-2005

	FUND	2001	2002	2003	2004	2005	TOTAL
	RR	1,693,000	1,694,000	1,698,000	1,708,000	1,707,000	8,500,000
	FOR						
MATERNAL AND EARLY CHILD CARE	NOR	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	45,000,000
	TOTAL	10,693,000	10,694,000	10,698,000	10,708,000	10,707,000	53,500,000
	RR	846,000	847,000	849,000	854,000	854,000	4,250,000
	FOR						
BASIC EDUCATION FOR ALL	NOR	2,800,000	2,800,000	2,800,000	2,800,000	2,800,000	14,000,000
	TOTAL	3,646,000	3,647,000	3,649,000	3,654,000	3,654,000	18,250,000
	RR	597,000	598,000	599,000	603,000	603,000	3,000,000
	FOR						
CHILDREN IN NEED OF SPEC. PROTECT.	NOR	3,200,000	3,200,000	3,200,000	3,200,000	3,200,000	16,000,000
	TOTAL	3,797,000	3,798,000	3,799,000	3,803,000	3,803,000	19,000,000
	RR	1,175,000	1,176,000	1,179,000	1,185,000	1,185,000	5,900,000
	FOR						
POLICY DEVELOPMENT AND ADVOCACY	NOR	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
	TOTAL	2,775,000	2,776,000	2,779,000	2,785,000	2,785,000	13,900,000
	RR	249,000	249,000	250,000	251,000	251,000	1,250,000
	FOR						
EMERGENCY SUPPORT	NOR						
	TOTAL	249,000	249,000	250,000	251,000	251,000	1,250,000
	RR	506,000	507,000	508,000	510,000	511,000	2,542,000
	FOR						
CROSS-SECTORAL COSTS	NOR						
	TOTAL	506,000	507,000	508,000	510,000	511,000	2,542,000
	RR	5,066,000	5,071,000	5,083,000	5,111,000	5,111,000	25,442,000
	FOR						
TOTAL, PROGRAMME BUDGET	NOR	16,600,000	16,600,000	16,600,000	16,600,000	16,600,000	83,000,000
	TOTAL	21,666,000	21,671,000	21,683,000	21,711,000	21,711,000	108,442,000
STAFF COSTS a/		990,614	1,050,358	1,104,899	1,162,620	1,217,059	5,525,550
GENERAL OPERATING COSTS		459,300	459,300	459,300	459,300	459,300	2,296,500
TOTAL, ESTIMATE SUPPORT BUDGET		1,449,914	1,509,658	1,564,199	1,621,920	1,676,359	7,822,050
GRAND TOTAL		23,115,914	23,180,658	23,247,199	23,332,920	23,387,359	116,264,050

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

E/ICEF/2000/P/L.11/Add.1

TABLE 4

COUNTRY: INDONESIA
PROGRAME: 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	XR	FCR	NCR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES																	
MATERNAL AND EARLY CHILD CARE	8,580,000			8,580,000	0	0	0	2	1	0	1	14	2	19	2,665,172	4,054,461	6,719,633
BASIC EDUCATION FOR ALL	4,260,000			4,260,000	0	0	0	1	0	0	1	0	1	2	946,745	81,433	1,028,178
CHILDREN IN NEED OF SPEC. PROTECT	3,000,000			3,000,000	0	0	0	0	1	0	1	0	0	1	771,682	0	771,682
POLICY DEVELOPMENT AND ADVOCACY	5,900,000			5,900,000	0	0	1	1	1	0	1	5	6	12	2,766,121	1,886,046	4,652,167
EMERGENCY SUPPORT	1,260,000			1,260,000	0	0	0	1	0	0	1	0	0	1	1,047,694	0	1,047,694
CROSS-SECTORAL COSTS	2,542,000			2,542,000	0	0	0	0	0	0	0	1	17	18	0	1,847,561	1,847,561
TOTAL RR	25,442,000			25,442,000	0	0	1	5	3	0	5	20	26	51	8,197,414	7,869,491	16,066,905
OTHER RESOURCES																	
MATERNAL AND EARLY CHILD CARE		0	45,000,000	45,000,000	0	0	0	1	2	4	7	8	8	23	5,006,061	2,713,123	7,719,184
BASIC EDUCATION FOR ALL		0	14,000,000	14,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN IN NEED OF SPEC. PROTECT		0	16,000,000	16,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
POLICY DEVELOPMENT AND ADVOCACY		0	8,000,000	8,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	83,000,000	83,000,000	0	0	0	1	2	4	7	8	8	23	5,006,061	2,713,123	7,719,184
TOTAL RR & OR	25,442,000	0	83,000,000	108,442,000	0	0	1	6	5	4	12	28	34	74	13,203,475	10,582,614	23,786,089
SUPPORT BUDGET			Operating costs	2,296,600													
			Staffing		1	0	1	1	0	0	1	4	15	20	3,268,627	2,256,923	5,525,550
GRAND TOTAL (RR + OR + SB)					1	0	2	7	5	4	13	32	49	94	16,472,102	12,839,537	29,311,639
	Number of posts and staff costs																
	Current programme cycle										13	32	49	94			
	At the end of proposed programme cycle (indicative only)										13	32	49	94	16,472,102	12,839,537	29,311,639

XR = regular resources
OR = other resources
FCR = funded other resources
NCR = new other resources
IP = International Professional
NP = National Professional
GS = General Service
SB = support budget

a/ Staff shall, regardless of its funding source, support the country programme as a whole.
b/ Including beneficiary assistance and overhead.